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## FAX TRANSMISSION

DATE: August 30, 2005

PTO IDENTIFIER: Application Number 10/603,784-Conf. #3967  
Patent Number

Inventor: Anthony T. Walsh

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP

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Attorney Dkt. #: M0025.0291/P291

PAGES (Including Cover Sheet): 27

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Amendment (21 pages)

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PTO/SB/97 (09-04)

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Application No. (if known): 10/803,784

Attorney Docket No.: M0025.0291/P291

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Fee Transmittal  
Credit Card Payment Form (\$800)  
Petition for Extension of Time (2 months)  
Amendment Transmittal  
Amendment (21 pages)

PTO/SB/17 (12-04-2)  
 Approved for use through 7/31/2006. OMB 0851-0032  
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<b>Effective on 12/08/2004.</b> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<b>Complete if Known</b>	
<b>FEES TRANSMITTAL</b>		Application Number	10/603,784-Conf. #3967
<b>For FY 2005</b>		Filing Date	June 26, 2003
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Anthony T. Walsh
		Examiner Name	F. L. Lagman
		Art Unit	3673
TOTAL AMOUNT OF PAYMENT	(\$ 800.00)	Attorney Docket No.	M0025.0291/P291

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEES CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description

Each claim over 20 (including Reissues)

Small Entity Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

FEE PAID			MULTIPLE DEPENDENT CLAIMS		
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
61	- 54 = 7	x 60.00	= 350.00		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
9	- 10 = -1	x	=		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	+ 100 =	/50 (round up to a whole number) x		= Fees Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month

450.00

SUBMITTED BY	Signature	Registration No. (Attorney/Agent)	Telephone
		31,063	(202) 828-4879
Name (Print/Type)	Stephen A. Soffen	Date	August 30, 2005

DSMD:9.1974572.1

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AMENDMENT TRANSMITTAL LETTER				Docket No. M0025.0291/P291	
Application No. 10/603,784-Conf. #3967	Filing Date June 26, 2003	Examiner F. L. Lagman		Art Unit 3673	
Applicant(s): Anthony T. Walsh					
Invention: GEOPRINT OR MESH STRUCTURE					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	61	- 54 =	7	x 50.00	350.00
Independent Claims	9	- 9 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Two-Month Extension of Time 450.00					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 800.00					
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
_____ Stephen A. Soffen Attorney Reg. No.: 31,063					
Dated: August 30, 2005					
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 828-4879					

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